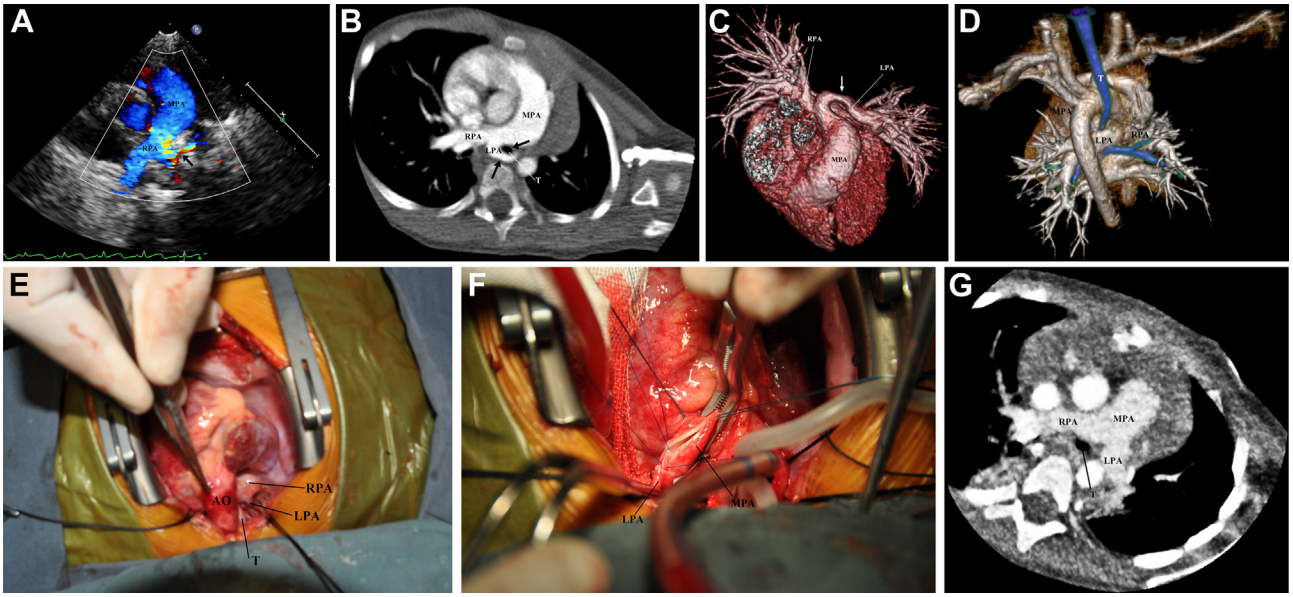
Journal of the American College of Cardiology
© 2013 by the American College of Cardiology Foundation
Published by Elsevier Inc.

Vol. 62, No. 12, 2013
ISSN 0735-1097/$36.00
http://dx.doi.org/10.1016/j.jacc.2013.03.092

IMAGES IN CARDIOLOGY

# Pulmonary Arterial Sling Compressing the Trachea Presenting With Recurrent Stridor in an Infant

Ying Zhan, MB, Weidong Ren, MD, PhD, Yangjie Xiao, MB, Guang Song, MB, Qian Hu, MD
*Shenyang, China*




From the Department of Ultrasound, Shengjing Hospital of China Medical University, Shenyang, China.
Manuscript received March 10, 2013; accepted March 27, 2013.

A 19-month-old female infant was referred because of recurrent stridor and was found to have a stenosed lower trachea (T) by bronchoscopy. At transthoracic echocardiography, the left pulmonary artery (LPA) was not shown in its usual location. Instead, there were 3 branches arising from the right pulmonary artery (RPA), and the left branch coursed leftward with a stenosis at the origin (**A, arrow,** Online Video 1). Computed tomography angiography was performed, with a confirmed diagnosis of pulmonary artery sling. The LPA was seen originating from the RPA and passing posterior to the T, leading to a compression of the origin of the LPA and the distal T **(B, C, and D, arrows)**. These findings were directly inspected intraoperatively, and the LPA was successfully transferred to the main pulmonary artery (MPA) anterior to the T **(E and F)**. Postoperative computed tomography angiography revealed a normal origin of the LPA and effective release from the compression **(G)**. The infant underwent an uneventful recovery and was discharged from our hospital 1 month later. AO = aorta.